

I give my child/children \_\_\_\_\_  
 \_\_\_\_\_  
 permission to attend \_\_\_\_\_  
 on \_\_\_\_\_ with Eastham Recreation.

Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Yes                  No                  Already on list!

I, the undersigned, understand that there is an inherent risk in recreational programs and events and that the range of injury can be minor to severe. I also understand and accept that in the case of injury, the Town of Eastham is responsible only for First Aid treatment. I further understand that participation in recreation programs and events requires all participants to behave in a sportsman-like manner.

Additional Phone Number \_\_\_\_\_

\_\_\_\_\_ CASH PAYMENT  
\_\_\_\_\_ CHECK PAYMENT – CHECK #